SEP **REQUEST FOR INUED EXAMINATION (RCE) TRANSMITTAL**

> Mail Stop RCE **Commissioner For Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

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Application Number:	09/833,305
Filing Date:	4/10/01
First Named Inventor:	Robert A. Kronenberger
Group Art Unit:	3625
Examiner Name:	Jeffrey A. Smith
Attorney Docket No.	AME00130P00230US

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

• 1.	amen unles	dments s applica	and amendments enclosed with the RCE will be entered in the order in which they were filed ant instructs otherwise. If applicant does not wish to have any previously filed unentered entered, applicant must request non-entry of such amendment(s).				
	a.		Previo	ously submitted. If a final Office Action is outstanding, any amendments filed after the office Action may be considered as a submission even if this box is not checked.			
		i.	<u> </u>	Consider the arguments in the Appeal Brief or Reply Brief previously filed on			
		ii.		Other:			
	b.	⊠	Enclos				
		i.	⊠	Amendment/Reply			
		ii.		Affidavit(s)/Declaration(s)			
		iii.		Information Disclosure Statement			
		iv.	՛⊠	Petition for Extension of Time			
		V.		Other:			
2.	Misce	llaneou	s . Sus	spension of action on the above-identified application is requested under 37 CFR 03(c) for a period of:			
	a.		1.17(i)	months. (Period of suspension shall not exceed 3 months. Fee under 37 CFR required)			
	b.						
3.	Fees.	The R	CE fee u	under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The filing			

fee has been calculated as shown below:

Small Entity

Large Entity

Fee

\$790.00

\$

\$

\$

\$

For	Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Rate	Fee		Rate
Basic Fee					\$395.00	OR	1.4
Total Claims	18	18		x \$25.00	\$	OR	x \$50.00
Independent Claims	3	3		x \$100.00	\$	OR	x \$200.00
Multiple Dependent Claims				x \$180.00	\$	OR	x \$360.00
2006 HDEMESS1 00000113 09833305			TOTAL	\$395.00	OR	TOTAL	

10/02/2006 HDEMESS1 00000113

395.00 OP

01 FC:2801

	a.	՛⊠	or credit any overpayments, to Deposit Account No. 23-0785. I have enclosed a duplicate copy of this sheet.
	•	i.	□ RCE filing fee
		iii.	Ø Other Any deficiencies in fees
	b.	⊠	A check in the amount of \$395.00 and \$795.00(extension) to cover the fees is enclosed.
4	Corres	sponder	WOOD, PHILLIPS, KATZ, CLARK & MORTIMER Citigroup Center, Suite 3800 500 West Madison Street Chicago, Illinois 60661 Telephone: (312) 876-1800 Facsimile: (312) 876-2020
			Customer Number: 32116
Date:	<u>Sept</u>	<u>. 28, 200</u>	Attorney's Signature John'S. Mortimer, Reg. No. 30,407
			CERTIFICATE OF MAILING BY EXPRESS MAIL
enclo Office	sed her	ein, are Iressee"	is Request For Continued Examination Transmittal and any other documents referred to as being deposited in an envelope with the United States Postal Service "Express Mail Post service under 37 CFR 1.10 on the date indicated below and addressed to: Mail Stop RCE, tents, P.O. Box 1450, Alexandria, Virginia 22313-1450.
Expre	ess Mail	Label N	o.: EV843640674
Date	of Depo	osit:	Sept. 28, 2006
Туре	d/Printe	d Name	of Person Signing: Terri Craine
Signa	ature:		Derri Crawi
Olgila	iture.	= = =	